

SCHOOL DISTRICT NAME: \_\_\_\_\_

SCHOOL DISTRICT LEA: \_\_\_\_\_

ARKANSAS DEPARTMENT OF EDUCATION  
CHILD NUTRITION UNIT

**SEVERE NEED BREAKFAST REIMBURSEMENT  
DISTRICT DECISION TO OPT OUT FORM  
(SY 2019-2020)**

In order to be eligible for severe need reimbursement for the School Breakfast Program, the following criteria must be met:

- (1) The **school** is currently participating in or desires to begin a breakfast program.
- (2) **Forty percent (40%)** or more of the lunches served to students in the **school** in the second preceding school year (2017-2018) were served free or at a reduced price.

**Please sign to indicate that the school district wishes to Opt Out of Severe Need Breakfast Reimbursement for any school in the district:**

\_\_\_\_SCHOOL DISTRICT WANTS TO OPT OUT OF SEVERE NEED PARTICIPATION 2019-2020

\_\_\_\_\_  
Superintendent Signature

\_\_\_\_\_  
Date Signed

**Deadline:** The deadline for school districts to opt out is **Friday, December 7, 2018**. This form must be signed by either the Superintendent, or the person authorized on Agreement. Signed forms need to be scanned and emailed to [ADE.SevereNeed@Arkansas.gov](mailto:ADE.SevereNeed@Arkansas.gov).

**More Information:**

**Ryan Jones, Accountant**

Arkansas Department of Education

Child Nutrition Unit

2020 West 3<sup>rd</sup> Street, Suite 404

Little Rock, AR 72205

Office: 501-324-9502

Fax: 501-324-9505

[ryan.m.jones@arkansas.gov](mailto:ryan.m.jones@arkansas.gov)